

Notice: Use of this form is required by the DNR for any application filed pursuant to ch. NR 195, Wis. Adm. Code. Personal information (PI data) collected on this form, including such data as your name, address, phone number, etc., will be used for management and enforcement of DNR programs, and is not intended to be used for any other purpose. Information will be made accessible to requesters under Wisconsin's Open Records law (s. 19.32-19.39, Wis. Stats.) and requirements.

Section I: Project Type

- ☐ River Planning ☐ River Management
☐ Property or Easement Acquisition

Legislative District Numbers		To determine your legislative district, go to http://165.189.139.210/WAML/ Type in complete address, next screen shows information.
Senate	Assembly	

Section II: Applicant Information

Applicant			<input type="checkbox"/> County <input type="checkbox"/> Tribe		
River Name		Length of River Segment	<input type="checkbox"/> City <input type="checkbox"/> River Management Organization		
Project County/Township/Section/Range			<input type="checkbox"/> Village <input type="checkbox"/> Other Governmental Unit		
			<input type="checkbox"/> Town <input type="checkbox"/> Non Profit Conservation Organization		
Authorized Representative Named by Resolution			Project Contact Name		
Authorized Representative Title			Project Contact Title		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Daytime Telephone No.		Evening Telephone No.	Daytime Telephone No.		Evening Telephone No.
E-Mail Address			E-Mail Address		

Mail Check to: (if different from applicant)

Name and Title	Address		
Organization	City	State	ZIP Code

Section III: Project Information

Project Title	Proposed Project End Date
---------------	---------------------------

Other Management Units Around River	Letter of Support	Other Management Units Around River	Letter of Support
1.	<input type="checkbox"/>	4.	<input type="checkbox"/>
2.	<input type="checkbox"/>	5.	<input type="checkbox"/>
3.	<input type="checkbox"/>	6.	<input type="checkbox"/>

For DNR Use Only

Application Type	Date Received	Date Reviewed (RC)	River Coordinator Approval / Date
Waterbody ID#		Environmental Grants Specialist Approval / Date	
Eligible Project <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Priority Rank	
Prior Grant Award(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Year(s)	Amount Received To Date \$	Project Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No

Section IV: Cost Estimate and Grant Request

Section IV must be completed or application will be returned. Details in support of Section IV are welcome.	Project Costs		
	Column 1 Cash Costs	Column 2 Donated Value	DNR Use Only
1. Salaries, wages and employee benefits			
2. Consulting services			
3. Purchased services--printing and mailing			
4. Other purchased services (specify):			
5. Plant material			
6. Supplies (specify)			
7. Depreciation on equipment			
8. Hourly equipment use charges			
9. State Lab of Hygiene (SLOH) Costs			
10. Non-SLOH Lab Costs			
11. Land or easement acquisition value			
12. Associated acquisition costs			
13. Other (specify)			
14. Subtotals (sum each column)			
15. Total Project Cost Estimate (sum of column 1 plus sum of column 2)			
16. State Share Requested (up to 75% of total costs may be requested)			

Subject to the following maximum grant amounts:

- River planning projects--up to \$10,000
- River management projects--up to \$50,000

Use of Federal funding as match: (check box below if applicable)

☐ We are using or planning to apply for Federal funds to be used as match.
If known, indicate source of funding:

Section V: Attachments (Provide required information and check all that are included)

A. For all applicants:

- ☐ 1. Authorizing resolution
- ☐ 2. Letters of support
- ☐ 3. Map of project location and boundaries
- ☐ 4. Map with public access sites identified (see page 24 of the guidelines)
 - a. _____ Number of public access sites
 - b. _____ Number of boat landings
 - c. _____ Approximate number of vehicle/trailer spaces
- ☐ 5. Itemized breakdown of expenses
- ☐ 6. For projects that entail sending samples to the State Laboratory of Hygiene (SLOH) only: a completed SLOH Projected Cost Form
- ☐ 7. Project scope/description:
 - ☐ a. Description of project area
 - ☐ b. Description of problem to be addressed by project
 - ☐ c. Discussion of project goals and objectives
 - ☐ d. Description of methods and activities
 - ☐ e. Description of project products or deliverables
 - ☐ f. Description of data to be collected, if applicable
 - ☐ g. Description of existing and proposed partnerships

Section V: Attachments, *continued*

- ☐ h. Discussion of role of project in planning for and/or management of river
- ☐ i. Timetable for implementation of key activities
- ☐ j. Plan for sharing project results
- ☐ k. Other information in support of project not described above

B. For applicants that are river management organizations (RMOs) or non-profit conservation organizations (NCOs):

- ☐ 1. For first time applicant RMOs only: A completed River Management Organization Application (Form 8700-287)
- ☐ 2. For first time applicant NCOs only: Copy of IRS 501(c)(3) determination letter and copies of your Articles of Incorporation and Bylaws
- ☐ 3. List of national and/or statewide organizations with which you are affiliated
- ☐ 4. List of board members' names, including municipality and county of residence. Designate officers.
- ☐ 5. Documentation of current financial status
- ☐ 6. For land or easement acquisition projects: Detailed description of your organization's land management experience
- ☐ 7. Brochures, newsletters, annual reports or other information about your organization, if available.
- ☐ 8. Organizational Assessment, if applicable
- ☐ 9. Portion of federal, state or local resource plan that supports this project

C. River Restoration and Nonpoint Source Pollution Control Projects:

- ☐ 1. Deed, easement, or land control agreement
- ☐ 2. Preliminary engineering plans
- ☐ 3. Water regulatory permits, if applicable
- ☐ 4. Map of project location and boundaries

D. Ordinance Development Projects:

- ☐ 1. Inventory of applicable existing ordinances
- ☐ 2. Description of resources each jurisdiction allocates to enforcement
- ☐ 3. Preliminary surveys

E. Land or easement acquisition projects:

- ☐ 1. Environmental Hazards Assessment Form (DNR Form 1800-001)
- ☐ 2. Legal description of the property
- ☐ 3. Project location boundary map
- ☐ 4. Property or easement appraisal (if not previously submitted to the Department)
- ☐ 5. Name and address of property owner
- ☐ 6. If escrow closing, the title insurance commitment
- ☐ 7. Evidence of compliance with Uniform Relocation Act requirements, if applicable
- ☐ 8. Agricultural Impact Statement, if applicable
- ☐ 9. Status of acquisition negotiations, including expected time frame for closing
- ☐ 10. A land management plan
 - ☐ a. Full description of property and conditions
 - ☐ b. Description of current and proposed uses of property and adjoining properties
 - ☐ c. If roads, piers or grading are proposed, a topographic survey with feature locations, and design cross sections
 - ☐ d. Management requirements for property and a description of how these requirements will be met

Section VI: Certification

I certify that information in this application and all its attachments are true and correct and in conformity with applicable Wisconsin Statutes.

Print/Type Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date Signed